



EL 759669806 US

UTILITY PATENT APPLICATION **TRANSMITTAL**

PTO/SB/05 (03-01)		11/30/01					
Attorney Docket No.:	CS11027	Total Pages:	2				
First-Named Inventor or Application Identifier	Tonya Torri		•				
Title:		USER INTERFACE FOR A HANDHELD WIRELESS COMMUNICATION DEVICE					
Express Mail Label No.:	EL 759669806 US						

EL 759669806 US (Only for new nonprovisional applications under 37 CFR 1.53(b))

I DRY TO LETTON BY DY STREET	Lippoper					
APPLICATION ELEMENTS (see MPEP chapter 600 concerning	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application					
utility patent application contents)	Washington, D.C. 20231					
X Fee Transmittal Form in du	plicate					
2. X Specification	Total Pages 11					
3. X Drawings	Total Sheets: 4					
4. X Oath or Declaration with Po	ower of Attorney Total Pages 4					
a. X Newly Executed (original or copy)						
b. Copy from prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 completed)						
 Deletion of Inventor(s): Signed statement attached deleting inventor(s) named in the prior application (see 37 CFR §1.63(d)(2) and 1.33(b) 						
5. Incorporation by Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.						
6. Application Data sheet. See 37 CFR 1.76						
7. Nucleotide and/or Amino Acid Sequence Submission						
ACCOMPANYING APPLICATION PARTS						
8. X Assignment Papers (cover sheet and document(s))						
9. 37 CFR §3.73(b) Statement (when there is an assignee) Power of Attorney						
10. English Translation Doc	ument (if applicable)					
11. Information Disclosure S (IDS)Form PTO/SB/08	Statement Copies of IDS Citations					
12. Preliminary Amendment						
13. X Return Receipt Postcard	(MPEP 503) (should be specially itemized)					
14. Certified Copy of Priorit	y Document(s)					

DATE

12/04/01

15. Nonpublication Request Under 35USC 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent								
16 Ot	16. Other:							
 IF A CONTINUING APPLICATION check appropriate box and supply the requisite information below and, if applicable, in a preliminary amendment: 								
Con	ntinuation Divis	ional	Continua Part (CIP		Prior Appl. No.			
Prior Appl. inform	ation: Examiner:			_ G	roup/Art Unit:	1		
	CC	ORRESPON	DENCE	ADDRESS				
Customer Nu Label	mber or Bar Code	2028		or [dence address below		
NAME	Roland K. Bowler II							
	Attorney for Applicant(s)							
Reg. No.	33,477							
ADDRESS	DRESS Motorola, Inc. Law Department 600 North U.S. Highway 45							
CITY	Libertyville	STA	TE	IL	ZIP CODE	60048		
COLUMNIA								
COUNTRY	U.S.A. TELEF	HONE	847-52	3-3978	FAX 84	7-523-2350		
SURMITTED BY								
NAME Roland K Bowler II Reg. No. 33,477								
SIGNATURE 35,477								

Deposit Account User ID 13-4768

						EL 759669806	US
PTO/SB/17 (11-00) FEE			_		Complete	if Known	
TRANSMITTAL	Application Nu	mber	-				
	Filing Date		_				
	First Named In	ventor	_	Tonya Torri			
Patent fees are subject to annual revision	Examiner Nam	e					
	Group Art Unit						
TOTAL AMOUNT OF PAYMENT (\$) 860.00	Attorney Docke	t No.	1	CS11027			
METHOD OF PAYMENT				FE	E CALC	CULATION (continued)	
The Commissioner is hereby authorized to charge		3. AD	DITIO	NAL FEES		(
indicated fees and credit any overpayment to		ı	arge .		Small		
Deposit Account Number 13-4768		<u> </u>	ntity		Entity		
Deposit Account Name Motorola, Inc.		Fee	Fee	Fee	Fee		
		Code	(\$)	Code	(\$)	Fee Description	
X Charge Any Additional Fee Required		105	130		65	Surcharge late filing fee or cath	
Under 37 CFR 1.16 and 1.17		127	50	227	25	Surcharge - late Provisional filing	
Applicant claims small entity status. See 37 CFR 1,27		139	130	139	130	Non-English specification	
366 37 CFN 1.27		147	2520	147	2520	For filing a request for ex parte	
2. Payment Enclosed						Reexamination	
- Lymon Crooses	- 1	112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
Check Credit Money Card Order	Other	113	1840	113	1840*	Requesting publication of SIR after Examiner action	
FFF 041 0111 1=1011		115	110	215	55	Extension for reply within first month	
FEE CALCULATION		116	390	216	195	Extension for reply within second month	
1. BASIC FILING FEE	1	117 118	890 1390	217 218	445 695	Extension for reply within third month	
District EL	ł	128	1890	228		Extension for reply within fourth month	
Large Entity Small Entity		119	310	228	945 155	Extension for reply within fifth month Notice of Appeal	
Fee Fee Fee Code (\$) Code (\$) Fee		120	310	220	155	Filing a brief in support of an appeal	
Code (\$) Code (\$) Fee	Paid	121	270	221	135	Request for oral hearing	
101 740 201 365 Utility filing fee 74	0.00	138 140	1510 110	138 240	1510 55	Petition to institute a public use processing	
106 320 206 160 Design filing fee	0.00	141	1240	241	620	Petition to revive - unavoidable Petition to revive - unintentional	
107 490 207 245 Plant filing fee		142	1240	242	620	Utility issue fee (or reissue)	
The second in th		143	440	243	220	Design issue fee	
114 150 214 75 Provisional filing fee		144	800	244	300	Plant issue fee	
SUBTOTAL (1) (\$)740.00		123	130 50	122 123	130 50	Petitions to the Commissioner	
2. EXTRA CLAIM FEES		126	180	126	180	Processing fee under 37 CFR 1 17(q) Submission of IDS	
Extra Fee from		581	40	581	40	Recording each patent assignment	40.00
	Paid					per property (times number of properties)	40.00
	0.00	146	710	246	355	Filing a submission after final	
Claims	,,,,,,	149	710	249	355	rejection (37 CFR § 1.129(a) For each additional invention to be	
Multiple Dependent 270 =				2.10	555	examined (37 CFR § 1.129(b)	
Large Entity Small Entity Fee Fee Fee Fee		179	710	279	355	Request for Continued Examination	
Code (S) Code (S) Fee Description		169	900	169	900	(RCE) Request for expedited examination	
103 18 203 9 Claims in excess of 20 102 80 202 40 Independent claims in excess of 3					500	of a design application	
104 270 204 135 Multiple dependent claim, if not now	a	Other fee	(specify	,			
109 80 209 40 ** Reissue independent							
claims Over original patent 110 18 210 9 "Reissue claims in excess of 20							
and over original patent	E						
SUBTOTAL (2) (5) 80.00 * Reduced by Basic Filing Fee SUBTOTAL (3) (5) 40.00			$\overline{}$				
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SUBMITTED BY Complete (if applicable)							
Name (PostTunn) Dolphid K Postdor H				770			
		$\dot{\sim}$		1 00,477		Telephone 847-523-39	"
Signature	_ \/		\	\wedge	Ma	il Date 12/04/01	